ı	·		Effective	December	8, 2004		ECORD	ľÚ	1	5 4 9 9	560
		CLAI	MS AS FILI	ED - PART	1		6444				
L		•	(C	Column 1)	(Column 2)		TYPE	ENTITY	ר	OR CM	HER THA
t	J.S. NATIO	VAL STAGE FE			(County 2)		RAT			SM.	ALL ENTI
8	ASIC FEE			. ENT. = \$ 150	LARGE ENT. = \$ 300		BASIC FE			RAT	-
Ε	HOITANIMAX	FEE		CT Article 33(1)- \$ 50 / \$ 100				EXAM FEE		OR BASIC FE	12
SI	EARCH FEE		U.S. is ISA ALL other	= \$50/\$100 er countries = 00/\$400	\$ 100/\$ 200 All other Situations = \$ 250/\$ 500		ļ	SEARCH FEE		EXAM. FE	
E	E FOR EXT	RA SPEC. PGS.		minus 100 =			X \$ 125		-		110
OTAL CHARGEABLE CLAIMS			35	minus 20 = .	. 15		X \$ 25		-	X \$ 250	
vi	DEPENDENT	CLAIMS	2	minus 3 = .		+	X \$ 100		\dashv	OR X \$ 200	
U	LTIPLE DEP	ENDENT CLAIM I	PRESENT		П		+\$ 180		-		
Ħ	the differen	ce in column 1	is less than z	ero, enter "0"	in column 2		TOTAL		٦,	+ 500	
	Total Independent FIRST PRE	* 35° · Z	Minus Minus AULTIPLE DEF	PREVIOUS PAID FOR	= B		X \$ 25 = X \$ 100 = + \$ 180 = TOTAL ADDIT. FEE	TIONAL	OR OR OR	X\$ 290	ADDITIONAL SEE
r		(Column 1)		(Column 2)	(Column 3)			•	_		
	•	REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL - FEE		RATE	ADDI- TIONAL FEE
Te	otal .	• .	Minus		=	Γ	X \$ 25 =		OR	X \$ 50 =	
-	dependent	——i	Minus	***	z·		X \$ 100 =		OR	X \$ 200 =	
F	TRST PRESE	ENTATION OF MU	LTIPLE DEPE	NOENT CLAIM		Ŀ	+ \$ 180 =		OR	+\$ 360 =	
h	o Tugnest Num o Tighest Num	n 1 is less than the e ber Previously Paid I ber Previously Paid F or Previously Paid F	For in this spa For in this spa	CE is less than 7 CE is less than 7	0', enter '20'. '. enter '3'.		PEE		OR	TOTAL ADDIT. FEE	·

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